

File Original with 116583
 Department of Ecology
 Second Copy Owner's Copy
 Third Copy Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Notice of Intent W 118541
 UNIQUE WELL ID # A30904

Water Right Permit No _____

(1) OWNER Name Jeff Leevick Address 28921 64th AVE NW Stanwood, WA

(2) LOCATION OF WELL County Island SW 1/4 SW 1/4 Sec 19 T 31 N R 03E WM

(2a) STREET ADDRESS OF WELL (or nearest address) xxx Sunrise Blvd Camano Isl WA 98282
 TAX PARCEL NO R33220-009-0440

(3) PROPOSED USE ☒ Domestic ☐ Industrial ☐ Municipal
☐ Irrigation ☐ Test Well ☐ Other
☐ DeWater

(4) TYPE OF WORK Owner's number of well (if more than one) _____
☒ New Well Method ☐ Dug ☐ Bored
☐ Deepened ☐ Cable ☐ Driven
☐ Reconditioned ☒ Rotary ☐ Jetted
☐ Decommission

(5) DIMENSIONS Diameter of well 6 inches
 Drilled 137 feet Depth of completed well 137 ft

(6) CONSTRUCTION DETAILS

Casing Installed

☒ Welded 6 Diam from +2 ft to 128 ft
☐ Liner installed Diam from _____ ft to _____ ft
☐ Threaded Diam from _____ ft to _____ ft

Perforations

☐ Yes ☒ No

Type of perforator used _____

SIZE of perforations _____ in by _____ in
 _____ perforations from _____ ft to _____ ft

Screens

☒ Yes ☐ No ☐ K Pac Location 127

Manufacturer's Name Alloy
 Type _____ Model No _____
 Diam 5 Slot Size 12 from 127 ft to 137 ft
 Diam _____ Slot Size _____ from _____ ft to _____ ft

Gravel/Filter packed

☐ Yes ☒ No ☐ Size of gravel/sand _____

Material placed from _____ ft to _____ ft

Surface seal

☒ Yes ☐ No To what depth? 18 ft

Material used in seal Benonite

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP Manufacturer's Name Goulds

Type SUB HP 3/4

(8) WATER LEVELS Land surface elevation above mean sea level _____ ft

Static level 110 ft below top of well Date _____

Artesian pressure _____ lbs per square inch Date _____

Artesian water is controlled by _____

(Cap valve etc.)

(9) WELL TESTS Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes by whom? GENES

Yield 15 gal/min with 3 ft drawdown after 2 hrs

Yield _____ gal/min with _____ ft drawdown after _____ hrs

Yield _____ gal/min with _____ ft drawdown after _____ hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test 6-23-02

Bailer test _____ gal/min with _____ ft drawdown after _____ hrs

Airtest _____ gal/min with _____ ft drawdown after _____ hrs

Artesian flow _____ g p m Date _____

Temperature of water _____ Was a chemical analysis made? ☒ Yes ☐ No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION
 Formation Describe by color character size of material and structure and the kind and nature of the material in each stratum penetrated with at least one entry for each change of information Indicate all water encountered

MATERIAL	FROM	TO
Top so 1	0	2
Br hard-pan	2	13
Gray Hard-pan	13	26
Br hard-pan	26	64
Br sandy-clay	64	72
Dry sand-gravel	72	119
Water sand-gravel	119	137

I CERTIFY this well meets
 all COUNTY-STATE rules and
 reg. at time it was drilled

RECEIVED

JUL 30 2002

DEPT OF ECOLOGY

Work Started 6-7-02 Completed 6-13-02

WELL CONSTRUCTION CERTIFICATION

I constructed and/or accept responsibility for construction of this well and its compliance with all Washington well construction standards Materials used and the information reported above are true to my best knowledge and belief

Type or Print Name _____ License No _____
 (Licensed Driller/Engineer)

Trainee Name _____ License No _____

Drilling Company GENES Well Drilling

(Signed) Gene Hatt License No 0186
 (Licensed Driller/Engineer)

Address 5115 268th NW Stanwood, WA

Contractor's
 Registration No GCNLSW0071CC Date 6-25-02

(USE ADDITIONAL SHEETS IF NECESSARY)

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